



Please Direct All Correspondence to Customer Number 20995

5K05 220

REQUEST FOR CONTINUED EXAMINATION

Applicant : Remacle et al.
 App. No : 09/817,014
 Filed : March 23, 2001
 For : IDENTIFICATION OF BIOLOGICAL (MICRO)ORGANISMS BY DETECTION OF THEIR HOMOLOGOUS NUCLEOTIDE SEQUENCES ON ARRAYS
 Examiner : Calamita, Heather
 Art Unit : 1637

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 19, 2005
(Date)

Marina L. Gordey, Reg. No. 52,950

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

- (X) Enclosed:
- (X) Amendment/Reply in 15 pages.
- (X) Information Disclosure Statement and PTO/SB/08 Equivalent in 2 total pages (IDS and PTO/SB/08).
- (X) (3) references enclosed.
- (X) Return Postcard.

2. Miscellaneous:

- (X) Suspension of action on the above-identified application is requested under 37 CFR § 1.103(c) for a period of 3 months. (Period of suspension shall not exceed three months).

1/22/2005 MBIZUNES 00000024 111410 09817014

1 FC:1801 790.00 OP

9/22/2005 MBIZUNES 00000024 111410 09817014

2 FC:1253 1020.00 OP
 3 FC:1463 70.00 DA 130.00 OP

Adjustment date: 11/04/2005 AKELLEY
 09/22/2005 MBIZUNES 00000024 09817014
 01 FC:1801 -790.00 OP
 Repln. Ref: 11/04/2005 AKELLEY 0015332400
 DA#:111410 Name/Number:09817014
 FC: 9204 \$790.00 CR

Please Direct All Correspondence to Customer Number 20995

3. Fees:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
RCE Fee		1801 (\$790)		\$790
Suspension of Action		1463 (\$130)		\$130
Total Claims	36 - 39 = 0	1202 (\$50)	0 x 50 =	\$0
Independent Claims	2 - 3 = 0	1201 (\$200)	0 x 200 =	\$0
Multiple Claim		1203 (\$360)		\$0
3 Month Extension		1253 (\$1,020)		\$1,020
			TOTAL FEE DUE	\$1,940

(X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

4. Payment:

(X) Check in the amount of \$1,940 to cover the above fees.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,
KNOBBE MARTENS OLSON & BEAR LLP

Marina E. Gordey
Registration No. 52,950
Agent of Record
Customer No. 20,995
(805) 547-5580

1939366:vr
091905

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>11-2-05</u>	2 Serial/Patent # <u>09/817, 014</u>
-----------------------------------	--------------------------------------

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing	1FW	9-21-05	\$ 790 ⁰⁰
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

7 TOTAL AMOUNT OF REFUND	\$ 790 ⁰⁰
--------------------------	----------------------

8 TO BE REFUNDED BY:

Treasury Check

10 REASON:

<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
	Duplicate Payment	<input checked="" type="checkbox"/>	9 <table border="1" style="display: inline-table;"><tr><td>1</td><td>1</td><td>--</td><td>1</td><td>4</td><td>1</td><td>0</td></tr></table>	1	1	--	1	4	1	0
1	1	--	1	4	1	0				
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									

lce (and fee) inappropriate

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: <u>Derek I. Woods</u>	TITLE: <u>Attorney</u>
---	------------------------

SIGNATURE: <u>Derek Woods</u>	PHONE: <u>2-3232</u>
-------------------------------	----------------------

OFFICE: <u>Petitions</u>

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: <u>Alicea Bell</u>	DATE: <u>11/3/05</u>
------------------------------	----------------------

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B